

DEKALB COUNTY CHILD ADVOCACY CENTER
4309 Memorial Drive
Decatur, GA 30032
PHONE: 404-294-2646
FAX # 404-294-2658

INTERN PROGRAM APPLICATION (ATTACH RESUME AND 3-5 PAGE WRITING SAMPLE)

Name _____

Current Address _____

City/State/Zip Code _____

Telephone: Home () _____ Work () _____ Cell () _____

Permanent Address: _____

City/State/Zip Code: _____

Telephone: () _____ E-Mail: _____

Employer/Address/Phone #/Contact Person: _____

Educational Background (include current status—school, year, major): _____

Languages Spoken: _____

Practicum Liaison/Academic Advisor's Name/Title: _____

Address: _____

Telephone: () _____ E-Mail: _____

How did you hear about the Child Advocacy Program? _____

Why do you wish to become a child advocate intern? _____

Training or experience in any of the following categories (circle any that apply):

Child Care	Mental Health	News Media
Child Development	Counseling/Psych.	Writing/Editing
Child Welfare	Medicine	Public Speaking
Social Work	Education	Arts/Graphics
Law	Fund Raising	Criminology/Law Enforcement
Drug Treatment Programs	Alcohol Treatment Programs	Advertising

List any arrests, other than traffic citations, and give charge, date, county/state, and disposition:

PERSONAL REFERENCES:

1. Name/Title: _____

BusinessName/Address _____

Daytime Phone _____ E-Mail _____ Relationship _____

2. Name/Title: _____

BusinessName/Address _____

Daytime Phone _____ E-Mail _____ Relationship _____